

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance



OI Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10/2	21/2017 Ending Date: 12/12/2017
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☒ dissolution
Kathleen McWilliams	Committee to Elect Kathleen McWilliams
Candidate Full Name (if applicable)	Committee Name
Council District 1	Brian Amero
Office Sought and District	Name of Committee Treasurer
56 Merrimac Street Residential Address	56 Merrimac Street Amesbury MA 01913 Committee Mailing Address
E-mail: marathon kmc@yahoo.com	1
	E-mail: destiny bda C q mail. com
Phone # (optional): (978) 457-0926	Phone # (optional): (978) 930-4139
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	877.31
Line 2: Total receipts this period (page 3, line 11	1) 95.62
Line 3: Subtotal (line 1 plus line 2)	972.93
Line 4: Total expenditures this period (page 5, li	ine 14) 972.93
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (p	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7)) 0
Line 8: Name of bank(s) used: The Provident Ban	k
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: Dec 12, 2017
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	box only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period.
Candidate without Committee OR Candidate with independent activity filing. I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the second contributions.	the best of my knowledge and belief, a true and complete statement of all campaign onts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	Brian Amero	Amount	(101 CORDINATIONS OF \$200 OF MOLE)
11/28/2017	56 Merrimac Street Amesbury MA 01913	95.62	
			,
		i	
ine 9: Total Rece	ipts over \$50 (or listed above)	95.62	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	95.62	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(u.p.u.eveen noning requires)		
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2 Id include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
11/14/2017	Anedot		Website fee	29.5	
11/14/2017	Committee to Reelect James Kelcourse	P.O. Box 981 Newburyport, MA	donation of remaining funds	100	
11/1/2017	Learys Spirits	100 Macy St Amesbury MA	wine for neighborhood meeting	40	
10/21/2017	Staples	536 Lafayette Rd Seabrook NH	Envelopes	35.99	
10/21/2017	Staples	536 Lafayette Rd Seabrook NH	Mailer post cards	214.99	
10/22/2017	Staples	536 Lafayette Rd Seabrook NH	Address labels	35	
11/1/2017	Stop and Shop	100 Macy St Amesbury MA	Food for neighborhood meeting	61.75	
10/21/2017	USPS	200 main Street Amesbury MA	Stamps	343	
11/6/2017	USPS	200 Main Street Amesbury MA	Stamps	112.7	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	973.93	
Line 13: Total Expenditures \$50 and under* (not listed above)			0		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				972.93	
* If ii ii ii of \$650 and and an include them in line 12. I include an ly those expanditures not item;					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

1	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		ė			
		Line 12: Expenditures over \$50	(or listed above)	C	
		Line 13: Expenditures \$50 and	under* (not listed above)		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	(

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
	-				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0	
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
-				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0